

Specialized Medical Equipment, Supplies and Assistive Technology

Definition: Specialized medical equipment, supplies and assistive technology to include devices, controls, or appliances, specified in the Support Plan, which enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under State Plan Medicaid. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation. This service may include consultation and assessment to determine the specific needs related to the participant's disability for which specialized medical equipment and assistive technology will assist the participant to function more independently. Consultation and assessment cannot be used to determine the need for supplies.

Note: The provision of assistive technology must eliminate the need for either personal care or a direct care service.

Note: Durable Medical Equipment (DME) is the name of a service available to all Medicaid recipients in South Carolina. It is not the name of a MR/RD Waiver service.

Service Limits: Diapers are restricted by the pricing guidelines set by SCDHHS. These guidelines limit the provision of diapers to a maximum of three (3) cases each per month.

Under pads are limited to three (3) cases per month.

Liquid nutrition is limited to two (2) cases per month for waiver participants who do not use a feeding tube. Liquid nutrition for waiver participants who use a feeding tube is provided by State Plan Medicaid and is not covered by the waiver. Liquid nutrition is only for participants who are unable to consume sufficient calories/nutrients from food alone. It does not include vitamins or mineral supplements. Liquid nutrition must be medically necessary and prescribed by a physician. If the liquid nutrition comes in other forms (e.g. pudding, powder or shakes), it can be covered by the waiver. Liquid nutrition in other forms is also subject to the two (2) cases per month limit. Most powders come four (4) cans per case. Shakes and pudding are comparable to conventional liquid nutrition case sizes.

Only one (medically justified) wheelchair may be obtained through the MR/RD Waiver every five (5) years. The cost of a wheelchair may not exceed \$8,000.

Providers: Specialized Medical Equipment, Supplies and Assistive Technology must be provided by vendors who are contracted with SCDHHS as Durable Medical Equipment (DME) providers or by DSN Boards/contracted providers. **A vendor enrolled with SCDHHS as a DME provider cannot opt to bill the Financial Manager.**

Assistive Technology Assessments/Consultations must be provided by Occupational or Physical Therapists contracted with SCDHHS; Rehabilitation Engineering Technologists, Assistive Technology Practitioners or Assistive Technology Suppliers certified by the Rehabilitation Engineering Society of North American (RESNA); or Environmental Access/Consultants/contractors certified by Professional Resource in Management (PRIME).

Arranging for and Authorizing Services: Once the participant's need has been identified and documented in the Support Plan, and it is determined that the provision of equipment or supplies will meet or address the need, the Service Coordinator must determine if the needed equipment or supplies are available through State Plan Medicaid. The State Plan includes the service Durable Medical Equipment (DME), which is available to all Medicaid recipients and covers equipment or supplies ordered by a physician. **DME covers such equipment and supplies as hospital beds, wheelchairs, shower chairs, back and leg braces, crutches, oxygen, bandages, etc. Furthermore, liquid nutrition (e.g. Ensure, Pediasure, Sustical, etc.) is covered by the State plan as Durable Medical Equipment when the product is the participant's sole source of nutrition. If the participant has a feeding tube (i.e. G-Tube, J-tube, PEG tube, etc.), then liquid nutrition can be provided as Durable Medical Equipment and funded by the State plan.** The participant must have a physician's order for the product to obtain. The provision of sole source liquid nutrition and other Durable Medical Equipment must be reflected in the participant's Support Plan, but since it is funded by the State Plan, it should not be budgeted on the Waiver Tracking System.

The following procedures should be used to determine if an item is covered by State Plan Medicaid:

1. Ask the provider for the appropriate procedure code for the equipment or supply requested, and compare it to the equipment and supply list included in the *Medicaid Provider Manual for Durable Medical Equipment*, which is published by SCDHHS at www.dhhs.state.sc.us. Click on "Provider Manuals" in the center of the home page and scroll down to "Durable Medical Equipment." Equipment and supply lists are under "Procedure Codes" in Section 4 of the manual. If a procedure code is not listed in the section, the item is not covered by the State plan.

Note: In the provider manual, ** indicates that the item requires the provider to first submit a Prior Authorization to determine whether it will be covered.

If still unsure:

2. Contact the DME representative at SCDHHS who serves your county.

The Service Coordinator must document attempts to determine if the needed items are covered by the State Plan. For some equipment or supplies, SCDDHS places limits on the frequency or amount of an item a participant may receive. For example, up to 4 urinary leg bags can be provided during a calendar month. When medical necessity is established beyond what the State Plan will cover, the MR/RD Waiver will fund the additional amounts/frequencies. If the participant needs more than is allowed by the State plan, the Service Coordinator should contact a DME provider, who will then initiate the SCDHHS Medicaid Certificate of Medical Necessity Form for Equipment/Supplies (DME 001), available in the *Medicaid Provider Manual for Durable Medical Equipment*, by filling out the top portion of page one and all of page two, then forwarding to the participant's physician to complete the bottom portion, to include medical justification and signature of approval. This form must be completed every 12 months. The DME provider sends the **original** Certificate of Medical Necessity Form for Equipment/Supplies (DME 001) to the Service Coordinator, who then completes the Authorization for Specialized Medical Equipment, Supplies and Assistive Technology (MR/RD Form A-5) and forwards the authorization and a copy of the certificate of medical necessity back to the provider.

In most instances, Specialized Medicaid Equipment, Supplies and Assistive Technology is provided by a vendor enrolled with SCDHHS as a DME provider. There may, however, be circumstances where a participant's needs can be met by a vendor that is not enrolled with SCDHHS as a DME provider. Vendors who are not enrolled with SCDHHS as DME providers may contract with the Financial Manager **only** to provide Medical Equipment, Supplies and Consultation. This option would be used for items such as non-sole source liquid nutrition and lift systems (e.g. Surehand Lift Systems). This option often leads to reduced costs.

Residential Habilitation providers, by way of contract with SCDDSN, may purchase items covered by the MR/RD Waiver as “Specialized Medical Equipment, Supplies and Assistive Technology” directly from any vendor (e.g., Wal-Mart) with the stipulation that the cost to purchase the items is less than purchasing the items from a Medicaid-enrolled DME provider. This applies only to participants receiving Residential Habilitation and not to those living at home with their families. The Service Coordinator must identify the need for the item(s) in the participant’s Support Plan. The provider of service would be “DDSN Contracted Provider” and the funding source would be the MR/RD Waiver. The authorization should be made out to the Residential provider (not the CTH/SLP), with the box checked to bill the Financial Manager. In order for SCDDSN to capture the costs for the purchased items, the Residential Habilitation provider must include the actual costs for the items in their cost reports under Residential Habilitation.

State procurement policy must be followed. For any single piece of equipment or supply which costs **less than \$1,500**, no bids are required. However, the Service Coordinator must offer the participant/legal guardian a choice of provider and document this offering of choice.

For any single piece of equipment or supply which costs **more than \$1,500**, the Service Coordinator must offer the participant/legal guardian choice of providers and assist in soliciting quotes from three (3) providers. These quotes may be verbal but must be documented in the record and included as a comment to the budget on the Waiver Tracking System (BDCOM).

For any single piece of equipment or supply which costs **more than \$5,000**, three (3) **written** quotes must be obtained and submitted to Cost Analysis Division of SCDDSN, via fax, at (803) 898-9657 when the request is added to the Waiver Tracking System.

Once the provider is chosen by the participant, or selected as the lowest bidder among the providers from whom bids were solicited, and the budget information and comments have been entered in the Waiver Tracking System (S21) and approved, the service can be authorized using the Authorization for Specialized Medical Equipment, Supplies and Assistive Technology (MR/RD Form A-5). For providers that are contracted by the Financial Manager (to provide Medical Equipment, Medical Supplies and Consultation only), a copy of the Authorization for Specialized Medical Equipment, Supplies and Assistive Technology (MR/RD Form A-5) must be sent to the Financial Manager and to the SURB Division SCDDSN Central Office Finance.

1. **Medical Supplies** are those non-durable supplies that are not available through the State plan and that are of direct medical or remedial benefit to the participant. This may include items such as liquid nutrition (when not the sole source of nutrition) and wipes, but will not include items such as soap, deodorant, shampoo, tissues, toilet tissue, etc., unless clearly linked to a direct medical or remedial need in the Support Plan.

Note: Wipes are available to those who are incontinent of bowel and/or bladder and are at least three (3) years old.

2. **Medical Equipment** is any durable or non-durable equipment item that is not covered by the State plan and that is of direct medical or remedial benefit to the participant. This includes items that are assistive in nature, such as large button telephones, strobe light fire alarms, flashing light alarm clocks, or any other items that are clearly linked to a direct medical or remedial need in the Support Plan.

Any equipment covered through the State plan that is denied for any reason, must go through the SCDHHS appeals process for adjudication before being considered through the MR/RD Waiver. The SCDHHS appeal process is as follows, according to the SCDHHS Durable Medical Equipment Provider Manual (Section 1):

“SCDHHS maintains procedures ensuring that all Medicaid providers will be granted an opportunity for a fair hearing. These procedures may be found in South Carolina Regulations at Chapter 126, Article 1, Subarticle 3. An appeal hearing may be requested by a provider when a request for payment for services is denied or when the amount of such payment is in controversy. The South Carolina Medicaid appeals process is not a reconsideration or claims review process. It is a formal process that should be considered as an avenue of last resort to be used in attempting to resolve or settle a dispute(s). Providers should work with their program representative in an effort to resolve or settle a dispute(s) before requesting an administrative hearing. In accordance with regulations of SCDHHS, a provider wishing to file an appeal must send a letter requesting a hearing along with a copy of the notice of adverse action or the remittance advice reflecting the denial in question. Letters requesting an appeal hearing should be sent to the following address:

*Division of Appeals and Hearings
Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206*

*The request for an appeal hearing must be made **within 30 days of the date of receipt of the notice of adverse action or 30 days from receipt of the remittance advice reflecting the denial, whichever is later.** Hearings will be held in Columbia unless otherwise arranged. The appellant or appellant’s representative must be present at the appeal hearing.”*

Proper documentation showing the outcome of the appeal must accompany the request for waiver consideration.

Even when an item serves a useful medical purpose, one must also consider to what extent, if any, it would be reasonable for the MR/RD Waiver to pay for the item prescribed. The following considerations should enter into the determination of what is reasonable:

1. Is the item substantially more costly than a medically appropriate and realistically feasible alternative pattern of care?
2. Does the item serve essentially the same purpose as equipment already available to the participant?

For an item to be covered through the MR/RD Waiver, it must be reasonable and provide a direct medical or remedial benefit related to a SCDDSN-assessed need. Excessive expenses for “deluxe” features or added convenience are not considered reasonable; therefore, the least costly alternative that provides the intended medical/remedial benefit will be considered first.

3. **Diapers** are not covered by the State plan, but are available through the MR/RD Waiver to those who are incontinent of bowel and/or bladder and are at least three (3) years old. Each case must contain at least 72 size large diapers or 96 size medium or small diapers. Please refer to the most recent revision of the Durable Medical Equipment Fee Schedule in Section 4 of the SCDHHS *Medicaid Provider Manual for Durable Medical Equipment* when budgeting.
4. **Under pads** are not covered by the State Plan, but are available through the MR/RD Waiver. Each case must contain at least 150 under pads. Please refer to the most recent revision of the Durable Medical Equipment Fee Schedule in Section 4 of the SCDHHS *Medicaid Provider Manual for Durable Medical Equipment* when budgeting.
5. **Consultation** is not covered by the State Plan but is available, prior to the participant receiving the service, through the MR/RD Waiver to assess and determine the specific needs related to the

participant's disability for which specialized medical equipment, supplies and assistive technology will assist the him/her to function more independently. **Consultation and assessment cannot be used to determine the need for supplies only.** A Consultation may be authorized by completing the Authorization for Specialized Medical Equipment, Supplies and Assistive Technology (MR/RD Form A-5). The maximum amount allowed for a Consultation is \$300.

6. **Rental:** In certain circumstances, needs for equipment or supplies may be time-limited (e.g. a participant is scheduled to undergo surgery and will need a bedside commode during recovery). Time-limited rental should be used when a particular item is not needed for longer than 3 months. In these circumstances, the Service Coordinator should encourage the participant to rent the needed item from his/her choice of providers. The Service Coordinator must initially verify that the rental costs cannot be covered by the State Plan. If the State Plan does not cover the rental for the particular piece of equipment needed, then the cost of the rental can be funded through Specialized Medical Equipment, Supplies and Assistive Technology. Rentals are authorized as Medical Equipment.
7. **Repairs** not covered by warranty and replacement of parts may be funded through Specialized Equipment, Supplies and Assistive Technology. Repairs and/or replacements of equipment may not be granted if it is determined that there has been abuse/misuse of the equipment or if the same repair has been done on the same piece of equipment more than twice in twelve (12) calendar months. Consideration for further repairs requires documentation describing extenuating circumstances. The Service Coordinator should use professional judgment when determining whether abuse/misuse of equipment has occurred. Repairs are authorized as Medical Equipment.

A start date must be documented on the authorization for each category of Assistive Technology. In addition to the start date, the name of the item being authorized, the cost or dollar amount authorized and the frequency must be specified. **Back-dating of authorizations is prohibited.**

Note: When a new service authorization is sent to a provider, it nullifies any previous authorization to that provider for ongoing supplies. For this reason, **any new authorizations must include those monthly supplies that continue to be needed as well as the new supplies.**

Monitoring Services: The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Specialized Medical Equipment, Supplies, and Assistive Technology:

- Monitoring should be conducted within two (2) weeks of receipt of one-time items.
- Monitoring should be conducted at least once during the first month of services for ongoing items.
- Monitoring should be conducted at least once during the second month of services for ongoing items.
- Monitoring should be conducted at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring should start over as if it is the start of service any time there is a change of provider.
- Monitoring should be conducted within two (2) weeks of receipt of any single item that costs more than \$1,500.
- Monitoring of this service may be conducted by contact with the participant/family or with the service provider.

Some questions to consider during monitoring include:

One-Time Items

- ❖ Did the participant receive the item?

- ❖ What is the benefit of the item to the participant?
- ❖ Is the item being used as prescribed?
- ❖ Is the participant satisfied with the provider?
- ❖ Is the provider responsive to the participant's needs?

On-going items

- ❖ Has the participant's health status changed since your last monitoring? If so, do all authorized supplies need to continue at their current amounts and frequencies?
- ❖ Are the specific brands appropriate for the participant's needs, or does a change need to be made?
- ❖ Are additional supplies needed at this time? Are there any new needs?
- ❖ Does the participant receive his/her monthly supplies in a timely manner?
- ❖ What is the benefit of the item to the participant?
- ❖ Are the items being used as prescribed?
- ❖ Is the participant satisfied with the provider?
- ❖ Is the provider responsive to the participant's needs?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**MR/RD WAIVER****AUTHORIZATION FOR SPECIALIZED MEDICAL EQUIPMENT, SUPPLIES AND ASSISTIVE TECHNOLOGY**

- ☐ **BILL TO S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES** (include Prior Authorization # below)
- ☐ **BILL TO FINANCIAL MANAGER:** _____

TO: _____

Participant's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Medicaid #: _____

Social Security #: _____

Prior Authorization # _____

NOTE: The provider is responsible for pursuing all other resources prior to accessing Medicaid. State Plan Medicaid resources must be exhausted before accessing the MR/RD Waiver. Our information indicates this person has:

- ☐ Medicaid only ☐ 3rd Party liability (private insurance) ☐ Medicare

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for these services.

- ☐ Medical Supplies (X1915)

Start Date: _____

Item: _____

Cost: _____

Frequency: _____

Item: _____

Cost: _____

Frequency: _____

Item: _____

Cost: _____

Frequency: _____

- ☐ Medical Equipment (X1916)

Start Date: _____

Item: _____

Cost: _____

Frequency: _____

Item: _____

Cost: _____

Frequency: _____

Item: _____

Cost: _____

Frequency: _____

- ☐ Diapers

Start Date: _____

____ cases x ____ diapers per case = ____ total diapers needed

Frequency: ☐ Monthly ☐ Bi-Monthly ☐ Quarterly ☐ Semi-Annually

Size: ☐ Adult SM (T4521) ☐ Adult MD (T4522) ☐ Adult LG (T4523) ☐ Adult XL (T4524)

☐ Child LG (T4530) ☐ Youth (T4533)

- ☐ Under pads

Start Date: _____

____ cases x ____ under pads per case = ____ total under pads needed

Frequency: _____

- ☐ Consultation

Start Date: _____

Cost: _____ (not to exceed \$300)

Service Coordination Provider: _____ Service Coordinator Name: _____

Address: _____

Phone # _____

Signature of Person Authorizing Services_____
Date